

(Rev. 4/97)

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

John Garrett
(Enter above the full name of the plaintiff in this action)

V.

Dr. ALICE

(Enter above the full name of the defendant(s) in this action)

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES ☒ NO ☒

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket number N/A

4. Name of judge to whom case was assigned N/A

5. Disposition (for example: Was the case dismissed? Was it appealed?
Is it still pending?)

N/A

6. Approximate date of filing lawsuit N/A

7. Approximate date of disposition N/A

II. A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner
grievance procedure? Yes ☒ No ☐

C. If your answer is YES,

1. What steps did you take? Did a Medical Grievance.

2. What was the result? was scheduled to Doctor
in institution

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to
prison authorities? Yes ☐ No ☐

N/A

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff John Corbett
 Address Delaware Correctional Center.
1151 Paddock Road - Dymana, DE. 19977

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant DR. ALIE is employed as Doctor.
at Delaware Correctional Center.

C. Additional Defendants _____

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

I GOT HURT ON JUNE 2ND 2003. ON JUNE
7TH EX-RAYS WERE TAKEN, ON JUNE 10TH EX-RAYS
WERE TAKEN AGAIN BECAUSE THE FIRST EX-RAYS
WERE SO DARK THAT THEY COULDN'T BE READ. ON
JUNE 19TH THE EX-RAY REPORT CAME BACK
STATING THAT MY FINGER WAS DISLOCATED, DOCT

To numb it and proceeded To pop it Back in place, she thought she had done so.

ON June 24th They EX-RAYed my Finger Again.

I saw Doctor ALie Again on June 30th

AND she SAID THAT The EX-RAY Report WAS NOT Back yet. ON July 2nd i saw ~~another~~ ANOUGHTER

Doctor who did nothing but order ANOUGHTER EX-RAY AND REFUSED me To see Doctor ALie Again

ON July 8th They EX-RAYed my Finger Again.

ON July 16th i WAS ON The LIST To see Doctor ALie BUT They had scheduled To many people To see her The same DAY. They TOLD several OF us

THAT we would be Rescheduled For July 21st.

ON July 28th i STILL hadn'T been Rescheduled. A

Few DAYS LATER i saw Doctor ALie JUST By chance AND Asked her About my Finger, AND she said she would have To Reschedule me To see her. ON Aug 4th

i saw ~~her~~ Doctor ALie Again By chance AND gave her my name + SBI number, she said she would have To check my medical File. FINALLY ON Sept 23 i WAS Taken out To see A ARTHURPEDIC surgeon.

He said There WAS nothing he could Do Because To much Time had Passed. He said my Finger SHOULD have Been Poped back in place A couple OF DAYS AFTER it happened, The ARTHURPEDIC Surgeon SAID THAT it might Be possible Through suAgery To Fix my Finger. The Finger Dislocated is ON my RIGHT HAND, AND i Am RIGHT HANDED. JUST ABOUT EVERYTHING i Do my Finger gets in The way Because i CAN'T

Bend it. And it gives me constant pain.
I CAN'T EVEN shake Hands with out Pain
in my Finger. Even when i Am Sleeping
and Bump my Finger i wake Right up Because
of The Pain. Plus my Finger STAYS constantly
swelled.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

I would like To have my Finger Fixed,
And some FAIR compensation For Pain +
SUFFERING AND Legal expenses

Signed this 21 day of September, 2004

John Garrett
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

6/21/2004
Date

John Garrett
(Signature of Plaintiff)